

A Questionnaire on the incident(s) you are complaining about is attached.

If because of a disability you need assistance in completing this form contact the office at 412/644-3444.

NAME David Haskell Knight TELEPHONE NO. (814) 796 4625
(First) (Middle Name or Initial) (Last) (Include area code)

SOCIAL SECURITY NO. ██████████ 4199 DATE OF BIRTH ██████████ 63

ADDRESS 11682 Rt 97 Lot 9 COUNTY Erie

CITY Waterford STATE Pa ZIP CODE 16841

Please provide the name of an individual at a different address who is in the local area and who would know how to reach you.

NAME Robert L & Carol R Knight RELATIONSHIP Father & Mother
(First) (Middle Name or Initial) (Last)

ADDRESS 1731 Glendale ave TELEPHONE NO. (814) 455 4121
(Include area code)

CITY Erie STATE Pa ZIP CODE 16510

Organization your complaint is against:

Employer ☒ Union ☐ Employment Agency ☐ Other ☐ (Specify)

NAME GAF Corporation PHONE (814) 452 3298
878 5400

ADDRESS 139 West Bay Front

CITY Erie STATE Pa ZIP CODE 16503

TYPE OF BUSINESS Roofing Materials

Number of employees who work at the organization named above. Please check one.

Less than 15 ☐ 15 to 20 ☐ 21 to 100 ☐ More Than 100 ☒

ISSUES AND PROTECTED CLASS

All charges must state an issue which is what happened to you. You must state what protected class you fall under which is the basis for the discrimination. A person can belong to more than one protected class.
Check the appropriate space for issues and class.

| Issues | | Protected Class(es) | |
|---|---|---|--|
| (DATES MUST BE PROVIDED) | Provide the Most Recent Date of Discrimination | (DATES MUST BE PROVIDED) | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> Hiring | <input type="checkbox"/> Reasonable Accommodation | <input type="checkbox"/> Sex | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Training | <input checked="" type="checkbox"/> Race | <input type="checkbox"/> National Origin |
| <input checked="" type="checkbox"/> Discharge | <input type="checkbox"/> Equal Pay | <input checked="" type="checkbox"/> Color | <input type="checkbox"/> Age (40+) |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Union Representation | <input type="checkbox"/> Religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Lay Off | <input type="checkbox"/> Forced retirement or resignation | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Other | (Specify) _____ | |
| <input type="checkbox"/> Discipline | | _____ | |
| <input type="checkbox"/> Benefits | | _____ | |
| | | _____ | |

EXHIBIT

C

GENERAL INTAKE QUESTIONNAIRE

Questionnaire on the incident you are complaining about.

Protected class refers to a persons race, color, sex, age (40 or over), ancestry, religion, disability and retaliation. A person can belong to more than one class.

1. Discrimination means difference of treatment. Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a different class that makes you feel they received more favorable treatment than you.

I am the only Afro American in this section. I never called in sick
Never late for work. Always volunteered for overtime and extra
Duties. I had a legal matter and told my Supervisor Joe Rinderle (see other)
Side

2. What position did you hold or were you seeking with the organization identified on the cover page.

I was a truck driver. I was third in seniority of 4 people.

3. Provide your reasons for your belief that the action taken against you was discrimination for the reasons you checked on Page 1.

There are a few people that take off regularly with out a hassle. I never called in, in
Nearly 3 years of service. The racial comments made. I am the only
Black person in my section. And the only person to get fired from there period.

4. What reason was given to you for the action taken against you or for the treatment you received that you are complaining about?

That nobody knew where I was.

5. Are the reasons for the action taken against you by the organization accurate?

Yes _____

No ☒

Explain your answer:

They put as my unemployment Denial form that I was a poor worker
whom voluntarily broke the rules and regulations. I did none
of this

6. Describe the organization's policy or usual practice that govern the actions being complained about.

On a normal day when someone would call in sick or not show up for work the supervisor would call their home and they would simply be told to get to work or asked why they weren't there yet. That was about the extent of the punishment. Sometimes they would not be able to work overtime

7. Has anyone else been treated as you were under similar circumstances? Please list them and identify by protected class.

Name

Protected Class

NO they all still have their jobs

- 7a. What happened to him or her?

8. Name other people who have been treated differently or more favorably under similar circumstances. Please list them and identify their protected class.

Name

Protected Class

Leonard Vancise

Black white

- 8a. What happened to him or her? Nothing

9. Where the organization gave a reason for any action taken against you, can you name any employee who did the same thing or something worse who was not treated the same as you?

Name Leonard Vancise

Protected Class white

Job/Dept. Truck Driver

General Intake Questionnaire

-3-

9a. What happened to him/her? Nothing

Have you sought assistance in this matter from any Government agency, union, attorney, or any other source?

☒ Yes ☐ No

Quinn Law Firm

(Name of source of assistance)

6-21-02

(Date)

RESULT, IF ANY I am doing as instructed

Have you filed an EEOC Charge in the past? ☒ No ☐ Yes (If answer is yes, complete below)

Approximate Date Filed

Organization Charged

EEOC Charge No. (if known)

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief.

You must sign and date below:

SIGNATURE

David H. Knight

DATE

1-31-03

RECEIVED
FEB -4 AM 9:31
EEOC PITTSBURGH, PA
AREA OFFICE

CONTINUATION PAGE

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.

He would always make me beg for the Longer Runs while he freely gave them to the other Drivers. I would like to also name Kenneth Joint in this complaint. He assisted Joe Rendenle in Firing me. Together they wrote on my unemployment claim to the point that I had to get a reference to get the unemployment I seeked to survive. I feel that I dedicated my life to this career and had it ruined by two men that have narrow views of humanity and equality. They even took my last paycheck.

WITNESS INFORMATION

Questionnaire on the incident you are complaining about.

In many complaints of discrimination, witnesses are very important to the investigation. Please identify those persons who saw, or heard or participated in the incident you are complaining about.

Witnesses and their Information

1. Name/Title Ben Clement Taxi motor operator
Address _____
Call at GAF Telephone Number (814) 873 5575
What will he/she be able to tell us? He witnessed and know about what
I have written about

Was he/she in a position to personally observe what occurred?
Yes ☒ No _____ Don't Know _____
Would he/she be willing to provide the Equal Employment Opportunity Commission with a statement?
Yes _____ No _____ Don't Know ☒
Is this witness a current employee of the organization that the charge is filed against?
Yes ☒ No _____
2. Name/Title Rick O'CONNOR
Address _____
Contact at GAF Telephone Number (814)
What will he/she be able to tell us? He also witnessed and knew about

what I have written

Was he/she in a position to personally observe what occurred?

Yes ☒ No ☐ Don't Know ☐

Would he/she be willing to provide the Equal Employment Opportunity Commission with a statement?

Yes ☒ No ☐ Don't Know ☐

Is this witness a current employee of the organization that the charge is filed against?

Yes ☒ No ☐

3. Name/Title Robert Stampka tow meter Driver

Address 8380 ~~Old~~ Perry Hwy

Erre, Pa 16509 Telephone Number (814) 864 7889

What will he/she be able to tell us? He was headman until Joe Benderke

became the boss and he stepped down from headman

because of Joe Robert can confirm my writings

Was he/she in a position to personally observe what occurred?

Yes ☒ No ☐ Don't Know ☐

Would he/she be willing to provide the Equal Employment Opportunity Commission with a statement?

Yes ☐ No ☐ Don't Know ☒

Is this witness a current employee of the organization that the charge is filed against?

Yes ☒ No ☐

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief.

You must sign and date below:

| SIGNATURE | DATE |
|-----------------------|---------|
| <i>David H Knight</i> | 1-31-03 |

RECEIVED
03 FEB -4 AM 9:37
EEOC PITTSBURGH, PA
AREA OFFICE